

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34716

State File No.

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 60222 Registrar's No. 71

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>RAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>R.F.D. 2, RICHMOND TWP.</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>R.F.D. 2, RICHMOND TWP.</u> | |
| c. LENGTH OF STAY (in this place) <u>38 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>1 MILE S. HILL SCHOOL.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLEY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>BATES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 16 1951</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u> | |
| 8. DATE OF BIRTH <u>MAR. 5 1887</u> | | 9. AGE (In years last birthday) <u>64</u> Months <u>7</u> Days <u>11</u> | | 10. IF UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | | 11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u> | | | | 13a. FATHER'S NAME <u>JOHN T. BATES</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>SALOMA PROFFITT</u> | | 14. NAME OF HUSBAND OR WIFE <u>IOLA CREASON-BATES.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Iola Bates RICHMOND MO.</u> | |

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|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

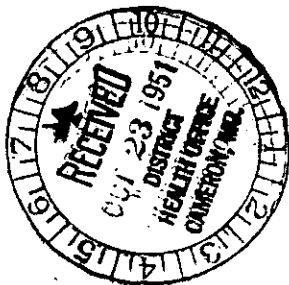
| | | | | | |
|--|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE <u>J. P. Baber, 3rd Coroner</u> | | 23b. ADDRESS <u>Richmond, MO</u> | | 23c. DATE SIGNED <u>10-18-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10-19-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SOUTH POINT CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>RURAL- RAY COUNTY, MISSOURI.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Malcolm Jackson</u> | | ADDRESS <u>QUEST-LIKE FUNERAL HOME RICHMOND, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-19-1951</u> | | REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> | | 273 | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0890



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.